





**PHIL BREDESEN**  
GOVERNOR

STATE OF TENNESSEE  
**DEPARTMENT OF EDUCATION**  
DIVISION OF SPECIAL EDUCATION  
7<sup>th</sup> FLOOR, ANDREW JOHNSON TOWER  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TN 37243-0380

**LANA C. SEIVERS, Ed.D.**  
COMMISSIONER

## MEMORANDUM

TO:  Director of Schools  
FROM:  Joseph Fisher, Assistant Commissioner  
SUBJECT: Reimbursement Request for High Cost Students for the 2005-2006 SY  
DATE: February 23, 2006 (Revision from December 13, 2005 Memorandum)

Additional funds for very high cost children with disabilities are subject to the availability of federal funds as specified in Public Law 108-446, Section 602(8) and 611(e)(3). These additional federal funds are distributed to school systems based on special education expenditures from the General Purpose School Funds only. These additional funds received by the LEA must be budgeted and expended as General Purpose Funds in the 71200 and 72220 series for audit purposes and included in the review for maintenance of effort.

The required information should be submitted to the Management Consultant in the district office serving your school system. Only current year forms will be processed; no prior year forms will be considered. If your request is faxed to your Management Consultant in order to meet the deadline, please submit the original in the mail immediately. **Requests submitted after June 30<sup>th</sup> will not be accepted.**

Attached you will find "Instructions and Guidelines for Determining the High Cost of Special Education Programs," followed by the forms needed to complete your request. Requests that are not covered by these guidelines may be presented by the Director of Schools to me for consideration.

When submitting a reimbursement request for additional funds for high cost students, the applicable enclosed forms must be completed:

1. Certification - **Must** be signed by the Director of Schools. One form for all requests.
2. Completion of the appropriate form(s):
  - a. Priority 1 Report Form for each child placed in a DOE Special School,
  - b. Priority 2 Report Form for each child placed by a State Agency and
  - c. Priority 3 Report Form for each high cost child placed and served by the Local Education Agency (LEA).

If you have any further questions, please contact your Management Consultant or Nan McKerley at (615) 741-7796.

cc: Nan McKerley  
Management Consultants  
Special Education Supervisors

**INSTRUCTIONS AND GUIDELINES FOR DETERMINING  
THE HIGH COST  
OF SPECIAL EDUCATION PROGRAMS  
2005-2006 School Year (SY)**

**PRIORITY 1 - Children Placed in State Department of Education Special Schools** - Tennessee Department of Education State Special Schools include Tennessee School for the Blind, Tennessee School for the Deaf, and West Tennessee School for the Deaf. Federal grants from additional funds are 100% of the excess cost. When children are placed through appropriate procedures in a State Department of Education Special School, the school system of residence may be required to provide additional services to assure that each child has an appropriate special education program. Since school systems **do not** generate State or Federal funds for these children, the amount expended by the school system may be paid by excess cost funds. Use the Priority 1 Report Form to provide documentation of expenditures.

**PRIORITY 2 - Out-of-System Residents Placed by a State Agency** - This includes such state agencies as the Department of Human Services, the Department of Mental Health and Developmental Disabilities, the Department of Children's Services, the Department of Health and children placed by the Implementation Team (Bureau of TennCare, Department of Health). This only applies to those children placed by a state agency for the **first year** of service in a school system. After the first year, those students generate state and federal dollars as any other child with a disability in your school district. The Division will pay 100% of the excess cost. Use the Priority 2 Report Form to provide documentation of expenditures.

When out-of-system children with disabilities are placed in a group or foster home in a school system which is not the resident system, the school district where the children are placed is to follow the required procedures and provide the appropriate educational services. After the first year, these children are reported on the census and may then become Priority 3 and any additional funds received are based on the excess cost of the program. (Read *Allowable Expenditures for High Cost Children* under Priority 3.)

**PRIORITY 3 – Child Placed and Served by the Local Education Agency (LEA)** – Some children require extensive and costly special education and related services that create a severe financial burden on the school system. Additional funds may be used to assist in the provision of such a high cost program **when the excess cost is at least three times greater than the state's average per pupil expenditures for the previous school year.** Use the Priority 3 Report Form to provide documentation of expenditures.

When applying for Priority 3, very high cost children, school systems will be allowed a maximum of .3% of the December 1, 2004 census count for total number of children served. School systems with a December census count of less than 600 will be allowed to submit up to three (3) high cost children under Priority 3.

\_\_\_\_\_ X .3% = \_\_\_\_\_ allowable requests  
Dec. 1, 2004 Census Count

**Allowable expenditures for determining a high cost child are:**

- a. One-on-one assistance.
- b. Specialized equipment specific to the child and required to provide FAPE.
- c. Special transportation exceeding requirements of special education buses/vans.
- d. Cost of contractual services for an eligible child.
- e. Other: \_\_\_\_\_  
\_\_\_\_\_

**Non-allowable expenditures for determining a high cost child are:**

- a. Pro-rated salaries for teachers or teaching assistants already providing special education services.
- b. Pro-rated salaries of related services personnel already providing services.
- c. Pro-rated salaries of special education bus drivers and attendants already providing services.
- d. Pro-rated time of director, supervisor, principal school psychologist and/or counselor for administrative duties, meetings, etc.,
- e. Specialized equipment/materials already provided by the school system.

**GENERAL PURPOSE/STATE PER PUPIL EXPENDITURE**

**Priority 3 Requests** – To qualify for a high cost reimbursement, the General Purpose expenditures must be **three times** the State average per pupil expenditure of \$7,366 or \$22,098 for the 2004-05 school-year. (Section 611(e)(3)(C)) The State average per pupil expenditure information is also located on the *TN. State Report Card* under *Finance Information*.

**FEDERAL FUNDS**

This amount is different for every school system depending on their base allocation, population and poverty figures as well as their December headcount. The correct amounts for your school system will be provided to you by your Management Consultant or Nan McKerley. This amount should be used when a high cost student has been reported on the December 1, 2004 census:

6-21 year olds:	\$	/student (Part B funds only)
3-5 year olds:	\$	/student (includes Part B and Preschool funds)

**NOTE:** Do not submit more Priority 3 forms than the maximum allowable for your system!

**CERTIFICATION REQUEST  
FOR  
HIGH COST FUNDS  
FOR THE  
2005-2006 SY**

I certify that the information provided in this request for additional funds is accurate, and each student's evaluation, eligibility and IEP are current. I assure that state and local funds expended for the special education program will demonstrate maintenance of effort in order to qualify for any federal funds, including those for high cost children. Documentation is available in the school system to support these expenditures from General Purpose funds and all reimbursements will be budgeted and expended as General Purpose funds in the 71200 and/or 72220 series for audit purposes.

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Signature of Director of Schools

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School System

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Date

**NOTE:** Submit only one certification page for all requests.

**PRIORITY 1**  
2005-2006 SY

CHILD PLACED IN A SDOE SPECIAL SCHOOL

☐ TSB      ☐ TSD      ☐ WTSD

1. Student Name: \_\_\_\_\_  
Social Security # / Student ID: \_\_\_\_\_ D.O.B.: \_\_\_\_\_
2. Current IEP developed: \_\_\_\_\_  
(date)
3. Documentation of total General Purpose expenditures incurred by the LEA:

Specific Services	Frequency	Period Covered By Request	Expenditure

Total Expenditures: \$ \_\_\_\_\_ 0

4. Excess cost of program \_\_\_\_\_

LEA \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

**PRIORITY 2**

2005-2006 SY

CHILD PLACED BY A STATE AGENCY  
(OUT-OF-SYSTEM RESIDENT)

1. Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
 (Class Action Member) Yes No

Social Security # / Student ID: \_\_\_\_\_ : \_\_\_\_\_ Disability \_\_\_\_\_

2. Agency having legal custody of student: \_\_\_\_\_

3. Prior LEA of residence: \_\_\_\_\_

4. Current IEP developed: \_\_\_\_\_  
 (date)

5. Eligibility determined by current LEA: \_\_\_\_\_  
 (date)

6. Documentation of total General Purpose expenditures incurred by the LEA:

Specific Services	Frequency	Period Covered By Request	Expenditure

Eligible High Cost Reimbursement: Total Expenditures: \_\_\_\_\_ 0

LEA \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

**PRIORITY 3**  
2005-2006 SY  
CHILD PLACED AND SERVED BY LEA

1. Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Disability  
Social Security # / Student ID: \_\_\_\_\_ : \_\_\_\_\_
2. School attended (SY05-06): \_\_\_\_\_ Current IEP developed: \_\_\_\_\_  
Date
3. Reported on December 1, 2004 census?                
Yes No
- Preschool child (ages 3-5 as of Dec. 1, 2004):                
Yes No
4. Funds to be deducted from total cost for student:  
a. General Purpose Funds: \$ \_\_\_\_\_  
b. Federal funds (if #3 is yes): \$ \_\_\_\_\_  
c. Total funds to be deducted: \$ \_\_\_\_\_  
(Total of a and b above)

5. Documentation of total General Purpose expenditures incurred by the LEA:

Specific Services (from allowable expenditures a-e in Guidelines)	Frequency	Period Covered By Request	Expenditure

Total General Purpose Expenditures: \_\_\_\_\_ \$0.00

Less #4c above: \_\_\_\_\_

\* Eligible High Cost Reimbursement: \_\_\_\_\_ \$0.00

6. If a detailed explanation of requested expenditures is needed, please use the back of the form.

\* Must be greater than 3 times the State average per pupil expenditure to qualify for high cost or \$22,098.00.

LEA \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_